



DISCLOSURE OF ALL FINANCIAL RELATIONSHIPS

Your Name:

Your Role(s) in the CME Activity: ☐ Activity Director ☐ Planner ☐ Faculty/Author ☐ Moderator ☐ Content Reviewer

Name of Activity:

Date of Activity (or launch date, if enduring material):

INSTRUCTIONS:

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form and return it to: _____ by _____.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have any questions, please contact us at: _____.

To be Completed by Planners Faculty or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the relationship(s). There is no minimum financial threshold, we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.	Enter the Nature of Financial Relationship Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.	Has the Relationship Ended? If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.
Example: ABC Company	Consultant	

____ In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

I attest that the above information is correct as of this date of submission: _____

Signature